**FORM PTO-1083** In RE application of

Case Docket No.

TPO-13

09/626,106 Serial No.:

**Group Art Unit:** 

2881

July 26, 2000 Filed:

Examiner:

**PATENT** 

Bernard E. Souw

For: SCANNING PROBE MICROSCOPE AND METHOD OF MEASUREMENT

**Assistant Commissioner for Patents** Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

First Presentation of Multiple Dependent Claims

(COL. 1)					(COL. 2)		(COL. 3)	
	R	Ctaims emaining After mendment		HP	ighest No. reviously Paid For		Present Extra	
Total	•	22	Minus	••	24	-	0	
Indep.	•	5	Minus	•••	6	=	0	
Indep.	<u> </u>	5	Minus					

SMALL ENTITY

OR

OR

Rate	Additional Fee		
x 9	\$		
× 42	\$		
+ 140	\$		
Total	\$		

OTHER THAN A SMALL ENTITY

Rate	Additional Fee	·
x 18	\$	0
x 84	5	0
+ 280	\$	0
Total	8	0

If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.

If the 'Highest Number Previously Peid For' IN THIS SPACE is less than 3, write '3' in this space.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

11/30/2004 RORADEN

X

Please charge my Deposit Account No. 50-1417 in the amount of \$ 00000003 501417 03626106

01 FC:1201

Agcheckin the amount of \$ 0.00 is attached in payment of: CREDIT CARD PAYMENT FORM FOR A 3 MO. EOT (\$980.00).

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication X or credit any overpayment to Deposit Account No. 50-1417.

X Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Х Any patent application processing fees under 37 CFR 1.17.

X Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C. 1800 Diagonal Rd., Suite 370 Alexandria, Virginia 22314 (703) 684-1120

Date: November 8, 2004

Registration No. Attorney for Applicant(s)

30,29

PTO/S8/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD 2004 Substitute for Form PTO-875 OTHER THAN SMALL ENTITY CLAIMS AS FILED - PART I **OR** SMALL ENTITY (Column 2) (Column 1) FEE RATE FEE RATE NUMBER EXTRA NUMBER FILED .395 **FOR** QR BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS minus 3 = (37 CFR 1.15(b)) OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT TOTAL OR TOTAL \* If the difference in column 1 is less than zero, enter \*0\* in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 2) (Column 1) ADDI-RATE HIGHEST ADDI-RATE CLAIMS PESENT TIONAL NUMBER TIONAL REMAINING FEE EXTRA PREVIOUSLY FEE AFTER AMENDMENT PAID FOR /8 AMENDMENT OR Minus Total 88 (37 CFR 1.16(c)) OR Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL 88 TOTAL ADD'L FEE OR: ADD'L FEE (Column 3) (Column 2) (Column 1) ADDI-RATE HIGHEST ADDI-RATE TIONAL CLAIMS PRESENT NUMBER TIONAL REMAINING FEE  $\mathbf{\omega}$ EXTRA PREVIOUSLY FEE AFTER ENDMENT PAID FOR **AMENDMENT** OR Minus Total x : 88 (37 CFR 1.16(c)) = OR Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 2) (Column 1) ADDI-RATE HIGHEST ADDI-TIONAL CLAIMS RATE PRESENT NUMBER TIONAL FEE REMAINING O EXTRA **PREVIOUSLY** FEE **AFTER** ENT PAID FOR AMENDMENT = OR Minus Total ENDM (37 CFR 1.16(c)) = OR Minus Independent (37 CFR 1.16(b)) OR A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE OR ADD'L FEE

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete the process of including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any committee of the property o on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of the Chief Information Officer, U.S. Pages of Trades of Control of Co and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO T ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

<sup>&</sup>quot;If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The 'Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.